

APPLICATION FOR TELETHERAPY AUTHORIZATION

INSTRUCTIONS: A complete teletherapy application consists of this form, the report of the shielding consultant, and drawings of the proposed facility and its environs. Applications should be submitted in duplicate to **Radiologic Health Branch, Radioactive Materials Licensing, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414.**

1. This application is submitted by _____ License No _____
- () a. For a new license for a teletherapy unit: Mfr _____ Model _____
- () b. For an amendment to add a teletherapy unit: Mfr _____ Model _____
- () c. For an amendment for a new source in the present teletherapy unit

2. Description of proposed source capsule

- a. Manufacturer _____ Model _____
- b. Isotope _____ Source strength (r/hr @ 1m) _____ Source diameter (cm) _____

3. Description of teletherapy mount

Rotational

- () a. No integral primary barrier
- () b. Beam may bypass integral primary barrier
- () c. Beam always intercepted by integral primary barrier

Vertical Column

- () d. Head swivels to side only
- () e. Head tilts outward only
- () f. Head swivels and tilts out

4. Participating firms and consultants

- | | |
|---------------------------------|---------------|
| a. Architect _____ | Address _____ |
| b. Shielding consultant _____ | Address _____ |
| c. Vendor _____ | Address _____ |
| d. Installer _____ | Address _____ |
| e. Future service _____ | Address _____ |
| f. Survey and calibration _____ | Address _____ |
| g. Leak testing _____ | Address _____ |

5. Personnel exposure with present source

- | <u>Names of Individuals</u> | <u>Last Quarter</u> | <u>Last Year</u> |
|---|---------------------|------------------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. Actual hours of machine on-time | _____ | _____ |
| f. Present strength of source in curies _____ | | |

6. Expected personnel exposure with proposed source

<u>Names of Individuals</u>	<u>First Quarter</u>	<u>First Year</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. Hours of expected machine on-time _____	_____	_____
e. Dosimetry supplier _____	Dosimetry change interval _____	

7. Operating factors

- a. Maximum expected workload in r/week at 1 meter from source: _____
- b. Maximum feasible workload in r/week at 1 meter from source: _____
- c. Permissible weekly exposure from teletherapy unit only: _____
- d. Patient source to skin treatment distances normally to be used
- (1) _____ cm distance will be used _____ % of time
- (2) _____ cm distance will be used _____ % of time
- (3) _____ cm distance will be used _____ % of time
- e. Use factors (primary beam direction factors)
- (1) North wall _____ (4) South wall _____
- (2) East wall _____ (5) West wall _____
- (3) Ceiling _____ (6) Floor _____
- f. Distances in feet with beam directed downward and the source positioned at average height
- (1) Source to North wall _____ (4) Source to South wall _____
- (2) Source to East wall _____ (5) Source to West wall _____
- (3) Source to ceiling _____ (6) Source to floor _____
- g. Occupancy factors for surrounding area

<u>Area</u>	<u>Nature of occupancy</u>	<u>Factor</u>	<u>Distance</u>	<u>Controlled?</u>
(1) Beyond North wall	_____	_____	_____	_____
(2) Beyond East wall	_____	_____	_____	_____
(3) Beyond South wall	_____	_____	_____	_____
(4) Beyond West wall	_____	_____	_____	_____
(5) Above ceiling	_____	_____	_____	_____
(6) Below floor	_____	_____	_____	_____

<p>If license is in the name of an institution, responsible official must sign below.</p> <p>_____</p> <p style="text-align: center;">OFFICIAL DATE</p>	<p>If license is in name of an individual, Radiation Safety Officer must sign below.</p> <p>_____</p> <p style="text-align: center;">RADIATION SAFETY OFFICER DATE</p>
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